



The Village Veterinarian

Boarding Consent Form

CID: _____

Owner Name: _____

Best Phone #: _____ (____) _____

Emergency Contact: _____

Emergency Contact #: _____ (____) _____

Pet Name: _____

Age: _____ Weight: _____

Breed: _____

Color: _____

Date of Check-In: ____/____/____

Date of Check-Out: ____/____/____

Total Days: _____

Has your pet experienced any of the following in the past 7 days? Check all that apply.

Coughing/Sneezing:

☐ Yes

☐ No

Vomiting:

☐ Yes

☐ No

Diarrhea:

☐ Yes

☐ No

Circular Rash:

☐ Yes

☐ No

Is your pet aggressive?

☐ Yes (Check all that apply)

☐ No

☐ People

☐ Dogs

☐ Cats

☐ Other: _____

Is your pet afraid of anything?

☐ Yes (Check all that apply)

☐ No

☐ Fireworks

☐ Thunder

☐ Loud Noises

☐ Other: _____

*If your pet is showing signs of anxiety or distress while boarding, we will give them calming medications during their stay. A charge of \$5.50 per day of medications being administered, plus the cost of medications dispensed will apply.

Did you bring your own food?

☐ Yes

Food: _____

Amount: _____ AM/PM/Both

☐ No, please use kennel food.

Is your pet on any daily medications? *If yes, please provide all medication to the front desk during check-in with proper instructions and be aware that a pet receiving medication during their stay is an additional \$2.00 per night.

☐ Yes (Please list medication and directions below)

☐ No

Medication 1: _____

Medication 2: _____

Medication 3: _____

Medication 4: _____

Belongings (Detailed description of toys, beds, blankets, etc): _____

For safety reasons, collars will not be allowed on pets while in our boarding/kennel area. We strongly encourage owners to keep collars and leashes at the time of drop-off. The Village Vet will not be responsible for lost items or items your pet destroys while boarding. While all pets are supervised in the yard, if the pet has a known habit of fence jumping or shows this behavior while on the premises of The Village Veterinarian, the decision may be made to suspend boarding and daycare services for that pet. This is to ensure the safety of both your pet as well as that of our veterinary staff. **Additional charges may be applied if your pet is over 6 months of age and are not neutered or spayed. (\$5-\$10).** By signing below, I agree to these terms.

Owner Signature: _____

Date: _____

For Staff Use

DATE	AM Walk	AM Feed	Mid Walk	PM Walk	PM Feed	Med #1	Med #2	Med#3	Med#4
						_____	_____	_____	_____
						_____	_____	_____	_____
						_____	_____	_____	_____
						_____	_____	_____	_____
						_____	_____	_____	_____
						_____	_____	_____	_____
						_____	_____	_____	_____
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						_____	_____	_____	_____
						_____	_____	_____	_____
						_____	_____	_____	_____
						_____	_____	_____	_____
						_____	_____	_____	_____
						_____	_____	_____	_____
						_____	_____	_____	_____

Date of Bath: _____ Bath Done: ☐ Initial: _____

Notes/Call Log:
